Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of

FORM-GB

Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state

Indexed	CO USO		
Audited			
Checked			
Compuler		107	

ecelpt of the gift or bequest.			
DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST	:		
STATE TRAINING SCHOOL			
Name of Department or Office	ORA, IA 50627		
	City, State, Zip Code		
641-858-5402			
Area Code & Telephone No. CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE			
•	••		
Kristin Hagedon			
Name same			
Mailing Address (if different from above)	City, State, Zip (If different from above)		
khagedo@dhs.state.la.us Email Address	Area Code & Telephone Number (If different from above)		
DONOR OF GIFT OR BEQUEST:	-		
St Johns United Methodist Women, c/o Carole Topp, president			
Name			
PO Box 376 Radeliffe, IA 50230	12/24/18 \$50.00		
Mailing Address City, State, Zip Code	1		
	Date of Gift or Bequest Amount/Value*		
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".		
Email Address (optional)	receiving department of offices. If no value mark olds.		
E. man Autress (opnortal)			
Provide a description of the gift or bequest and purpose thereof:			
monetary donation given towards Religious Activities	of students at STS		
monomy demands great and a			
Criteria to use this form:			
Receipt of any gift or bequest that is received by any department of the st	ate or received by the Governor on behalf of the state.		
Statement of Affirmation:			
Kristin Hagedonaffirm that the gift or bequest reported above	is accurate. I further affirm that the information concerning the donor and		
assessment of the fair market value (if applicable) is correct and true to the b	est of my knowledge.		
,			
2/ = + 1 5/ 1/	12/21/10		
Kristin Hagedon	12/26/18		
Signature /	. Date		